



KENTUCKY TRANSPORTATION CABINET
Department of Governmental Relations
OFFICE OF SPECIAL PROGRAMS
PROGRESS REPORT

TC 20-22E
Rev. 01/2007
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This report is to be completed and mailed to the **Kentucky Transportation Cabinet, Office of Special Programs: Progress Report, 200 Mero Street, 6th Floor East, Frankfort, Kentucky 40622.**

Please check the appropriate program box

☐ CMAQ ☐ Safe Routes to School ☐ Scenic Byways ☐ Transportation Enhancement

Agency: _____ Contract Number: _____

Project County: _____

Date: _____ Prepared by: _____

Telephone: _____ E-mail address: _____

Please check below any phases you completed, or made progress on, during the previous calendar year, and complete the information below the item where applicable. (You must specify any item that is not applicable.)

☐ Design Consultant Procurement Phase

RFP _____ % complete

Advertisement beginning and ending dates: _____ to _____

Number of proposals received: _____

Completed selection in accordance with: KYTC Procurement Process ☐
KRS 45 or 45A ☐
other ☐ _____

Contract with firm executed ☐ Yes ☐ No

Name of firm: _____

Percentage of Disadvantaged Business Enterprise (DBE) participation: _____ %

Name of DBE firm(s): _____

☐ Design Plan Development

Notice to proceed (start) date: _____

Plans _____ % complete

Is a state highway encroachment permit application required? ☐ Yes ☐ No
(A permit is required if any work will be located on state-owned rights of way.)

If yes, has application been filed? ☐ Yes ☐ No

If yes, has permit been issued? ☐ Yes ☐ No

Anticipated completion date: _____

Do plans meet ADA requirements? ☐ Yes ☐ No

If the consultant will not be doing construction inspection, has final payment been made to the consultant for design services, etc.? ☐ Yes ☐ No



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☐ Construction Procurement Process

Bid package _____ % complete

Advertisement beginning and ending dates: _____ to _____

Number of bids received: _____

Completed selection in accordance with: KYTC Procurement Process ☐

KRS 45 or 45A ☐

other ☐ _____

Contract awarded ☐ Yes ☐ No

Name of contractor: _____

Percentage of Disadvantaged Business Enterprise (DBE) participation: _____ %

Name of DBE firm(s): _____

☐ Construction

Notice to proceed (start) date: _____

Construction _____ % complete

Is a state highway encroachment permit application required? ☐ Yes ☐ No

If yes, has application been filed? ☐ Yes ☐ No

If yes, has permit been issued? ☐ Yes ☐ No

Anticipated completion date: _____

Has final payment been made? ☐ Yes ☐ No

Has final payment been made to the consultant for inspection work? ☐ Yes ☐ No

If applicable, has encroachment permit been released? ☐ Yes ☐ No

Does project meet ADA requirements? ☐ Yes ☐ No

☐ Property Acquisition

Please list below any property acquired that relates to the project including the date of the acquisition and the appraised value of the property.



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☐ Project Delays

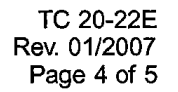
Are there any project delays or changes anticipated? If so, please explain and include a proposed resolution for the delays and/or changes.

☐ Timeline for Completion

Please provide an estimated timeline for project completion.

☐ Additional Project Activity

Please list all project activity not included in the prior sections that has occurred during this progress reporting period.



☐ Project Budget & Timeline (Attach additional pages if necessary.)

[illegible]

